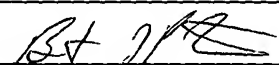


Please type a plus sign (+) inside this box ^

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. TI-36667	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Lothar Schmidt	
		Title TRANSIMPEDANCE AMPLIFIER WITH ADJUSTABLE OUTPUT AMPLITUDE AND WIDE INPUT DYNAMIC-RANGE	
		Express Mail Label No. EV 333320836 US	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) Total Pages 18 <ul style="list-style-type: none">- Descriptive title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 4		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper	
5. Oath or Declaration Total Pages 3 <ul style="list-style-type: none">a. <input type="checkbox"/> Newly Executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).c. <input checked="" type="checkbox"/> Unexecuted Declaration		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
19. CORRESPONDENCE ADDRESS		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 23494 (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below		11. <input type="checkbox"/> English Translation Document (if applicable)	
NAME Texas Instruments Incorporated		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
ADDRESS Patent Activity		13. <input type="checkbox"/> Preliminary Amendment	
CITY _____ STATE _____ ZIP CODE _____		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
COUNTRY _____ TELEPHONE (972) 917-5452 FAX (972) 917-4418		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Name (Print/Type) Bret J. Petersen Registration No. (Attorney/Agent) 37,417		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Signature 		17. <input type="checkbox"/> Other:	
Date 9-8-03			

03940 U.S. PTO 10/15/03

09/08/03

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small> <small>Express Mailing Label No.:</small>		Complete If Known	
TOTAL AMOUNT OF PAYMENT		(\$) 840.00	
Application Number		TBD	
Filing Date		09/08/2003	
First Named Inventor		Lothar Schmidt	
Examiner Name		Not Assigned	
Group Art Unit		TBD	
Attorney Docket No.		TI-36667	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <div style="margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td style="border: 1px solid black; text-align: center;">20-0668</td> </tr> <tr> <td>Deposit Account Name</td> <td style="border: 1px solid black; text-align: center;">Texas Instruments Incorporated</td> </tr> </table> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </div>	Deposit Account Number	20-0668	Deposit Account Name	Texas Instruments Incorporated	<p>3. 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**or number previously paid, if greater; For Reissue, see above

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Bret J. Petersen	Registration No. (Attorney/Agent) 37,417	Telephone (972) 917-5339	Date 9-8-03
Signature 		Date 9-8-03	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231